



PROPOSED RULE MAKING

CR-102 (June 2004)

(Implements RCW 34.05.320)

Do **NOT** use for expedited rule making

Agency: Home Care Quality Authority

- ☐ Preproposal Statement of Inquiry was filed as WSR; or
☒ Expedited Rule Making--Proposed notice was filed as WSR 09-13-095; or
☐ Proposal is exempt under RCW 34.05.310(4).

- ☒ Original Notice
☐ Supplemental Notice to WSR _____
☐ Continuance of WSR _____

Title of rule and other identifying information: (Removing/Denying Provider)

The Home Care Quality Authority is amending:

WAC 257-10-130 "What information may be considered cause for denying an individual provider or prospective individual provider placement in the Referral Registry?"

Hearing location(s):

Home Care Quality Authority Board Room
 4317 6th Avenue SE, Suite 101,
 Lacey, WA 98503

Link to HCQA map available from:
http://www.hcqa.wa.gov/Contact/contact_hcqa.html
 or by calling (360) 493-9350.

Date: September 30th, 2009 Time: 11:00am

Submit written comments to:

Name: Lisa Livingston, HCQA Rules Coordinator
 Address: PO Box 40940, Olympia, WA 98504-0940
 Delivery: 4317 6th Avenue SE, Suite 101, Lacey, WA 98503
 e-mail: llivingston@hcqa.wa.gov
 fax: (360)493-9380

by 5:00pm on September 20th, 2009

Assistance for persons with disabilities:

Contact: Lisa Livingston, by September 20, 2009

Ph: (360) 493-9350

Date of intended adoption: Not earlier than October 20th, 2009
 (Note: This is **NOT** the **effective** date)

Purpose of the proposal and its anticipated effects, including any changes in existing rules:

An amendment is necessary to maintain consistency with other WAC, statute and policies. This amendment will further clarify reasons for removing or denying an individual provider or a prospective provider from the Referral Registry.

Reasons supporting proposal: See above.

Statutory authority for adoption: RCW 74.39A.280 (3)
 Authority Duties; Title 74 RCW

Statute being implemented: RCW 74.39A.280 (3)

Is rule necessary because of a:

Federal Law? ☐ Yes ☒ No
 Federal Court Decision? ☐ Yes ☒ No
 State Court Decision? ☐ Yes ☒ No
 If yes, CITATION:

DATE

December 30, 2008

NAME (type or print)

Rick Hall

SIGNATURE

Rick Hall

TITLE

Executive Director

CODE REVISER USE ONLY

(COMPLETE REVERSE SIDE)

Agency comments or recommendations, if any, as to statutory language, implementation, enforcement, and fiscal matters: N/A

Name of proponent: (person or organization) Home Care Quality Authority

☐ Private
☐ Public
☒ Governmental

Name of agency personnel responsible for:

Name	Office Location	Phone
Drafting..... Lisa Livingston	P.O. Box 40940, Olympia, WA 98504-0940	(360) 493-9350
Implementation....Lisa Livingston	P.O. Box 40940, Olympia, WA 98504-0940	(360) 493-9350
Enforcement.....Rick Hall	P.O. Box 40940, Olympia, WA 98504-0940	(360) 493-9350

Has a small business economic impact statement been prepared under chapter 19.85 RCW?

☐ Yes. Attach copy of small business economic impact statement.

A copy of the statement may be obtained by contacting:

Name:

Address:

phone () _____

fax () _____

e-mail _____

☒ No. Explain why no statement was prepared.

The Agency has determined that no new costs will be imposed on small businesses or non-profit organizations.

Is a cost-benefit analysis required under RCW 34.05.328?

☐ Yes A preliminary cost-benefit analysis may be obtained by contacting:

Name:

Address:

phone () _____

fax () _____

e-mail _____

☒ No: Please explain: Rule are exempt per RCW 34.05.328 (5)